



PTO/SB/17 (12-04)

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FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/043,939
		Filing Date	January 11, 2002
		First Named Inventor	Lisa DHAR
		Examiner Name	T. Dicus
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1774
TOTAL AMOUNT OF PAYMENT		(\$)	455.00
		Attorney Docket No.	495812001900

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
22	-53 = 0	x 25.00 = 0.00
Indep. Claims	Extra Claims	Fee (\$)
2	-5 = 0	x 100.00 = 0.00

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
180.00	0.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/50 _____ (round up to a whole number) x _____	=	0.00

4. OTHER FEE(S)

		Fees Paid (\$)
Non-English Specification,	\$130 fee (no small entity discount)	0.00
Other:	2801 Request for continued examination (RCE) (see 37 CFR 1.114)	395.00
	2251 Extension for response within first month	60.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	48,375	Telephone	(650) 813-5720
Name (Print/Type)	Christopher B. Eide	Date	January 7, 2005		